APPENDIX T

CALIFORNIA MEDI-CAL MCO UTILIZATION REPORTS

STATEWIDE 2-PLAN MODEL COUNTIES
1996 AMBULATORY VISITS REPORTED FOR AFDC MEMBERS [c]
Various 1996 Start Dates (See Appendix A)

		OUTPATIENT VISITS		EMERGENCY ROOM VISITS		AMBULATORY SURGERY/PROCEDURE ENCOUNTERS	
AGE GROUP	AVERAGE NUMBER OF MEMBERS PER MONTH	TOTAL VISITS	VISITS PER 1000 MEMBERS [a]	TOTAL VISITS	VISITS PER 1000 MEMBERS	TOTAL SURGERY/ PROCEDURES	AMB/SURGERIES PROCEDURES PER 1000 MEMBERS
<1	630	12,886	1,704	5,504	728	180	24
01-04	3,872	43,985	947	17,131	369	976	21
05-09	4,301	26,492	513	9,734	189	568	11
10-14	4,024	16,810	463	7,209	199	408	11
15 – 19	2,341	13,987	498	10,503	374	429	15
20 – 44	5,439	62,820	962	40,924	627	2,684	41
45 – 64	668	11,276	1,407	3,154	393	431	54
65+	3	57	1,583	0	0	2	56
TOTAL	20,277	188,313	774	94,159	387	5,678	23

(a) Visits per 1,000 Members = (Total Visits/Avg. # of Members)/Months of Plan Operation x 1,000

(b) The 1995 Fee for Service (FFS) data: Avg. of Mos. = Jan/May/Sep 1995; sample = 5%; beneficiaries = AFDC aid categories as used in 1995 as calculated by the Medical Care Statistics.

(c) AFDC = Aid to Families with Dependent Children. [This program was replaced by TANF = Temporary Assistance for Needy Families in 1998.] Calculations are based on the Health Plan Employer Data & Information Set (HEDIS) utilization measures for ambulatory care. See HEDIS Tables Series 5.

Note: The Data Scan System includes 1996 reported services through March 31, 1998, at the time this report was created.
Includes Medi-Cal Fee-for-Service (FFS) and capitated services associated with a plan member. See Appendix A.

Data Source: California Department of Health Services, Medi-Cal Managed Care Division, Data Scan Reporting System

ALAMEDA COUNTY
BLUE CROSS OF CALIFORNIA
1996 AMBULATORY VISITS REPORTED
Plan Start Date: July 1, 1996

		OUTPATIENT VISITS		EMERGENCY ROOM VISITS		AMBULATORY SURGERY/PROCEDURE ENCOUNTERS	
AGE GROUP	AVERAGE NUMBER OF MEMBERS PER MONTH	TOTAL VISITS	VISITS PER 1000 MEMBERS [a]	TOTAL VISITS	VISITS PER 1000 MEMBERS	TOTAL SURGERY/ PROCEDURES	AMB/SURGERIES PROCEDURES PER 1000 MEMBERS
<1		851		357		28	
01-04		2,130		856		127	
05-09		1,395		505		74	
10-14		901		305		40	
15 – 19		583		333		42	
20 – 44		2,861		1,431		234	
45 – 64		588		138		25	
65+		0		0		0	
TOTAL	8,539	9,309	182	3,925	77	570	11

1995 FEE FOR SERVICE – VISITS PER 1000 MEMBERS:						
	OUTPATIENT VISITS		EMERGENCY ROOM VISITS		AMB/SURG ENCOUNTERS	
BASED ON A 5% SAMPLE [b]		278		30		7

(a) Visits per 1,000 Members = (Total Visits/Avg. # of Members)/Months of Plan Operation x 1,000

(b) The 1995 Fee for Service (FFS) data: Avg. of Mos. = Jan/May/Sep 1995; sample = 5%; beneficiaries = AFDC aid categories as used in 1995 as calculated by the Medical Care Statistics.

Calculations are based on the Health Plan Employer Data & Information Set (HEDIS) utilization measures for ambulatory care. See HEDIS Tables Series 5.

Note: The Data Scan System includes 1996 reported services through March 31, 1998, at the time this report was created.

Includes Medi-Cal Fee-for-Service (FFS) and capitated services associated with a plan member.

The average monthly membership is calculated from the Managed Care Capitation Summary Report, which includes retroactive adjustment of eligibility. See Appendix A.

Data Source: California Department of Health Services, Medi-Cal Managed Care Division, Data Scan System